

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO. 10/015671	FILING DATE		
						APPLICANT(S)			
65877 10-25 CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1		1				51		
2		1		1			52		
3		1		1			53		
4	1		1				54		
5		1		1			55		
6		1		1			56		
7		1		1			57		
8		1		1			58		
9		1		1			59		
10		1		1			60		
11		1		1			61		
12	1		1				62		
13		1		1			63		
14		1		1			64		
15		1		1			65		
16		1		1			66		
17		1		1			67		
18		1		1			68		
19		1		1			69		
20		1		1			70		
21	1		1				71		
22	1		1				72		
23	1		1				73		
24	1		1				74		
25	1		1				75		
26	1		1				76		
27		4		4			77		
28							78		
29							79		
30							80		
31							81		
32							82		
33							83		
34							84		
35							85		
36							86		
37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	10		10		3		TOTAL IND.		
TOTAL DEP.	20		20		19		TOTAL DEP.		
TOTAL CLAIMS	30		30		22		TOTAL CLAIMS		

PTO-1260 (2-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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